



JC951 U.S. PTO

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PTO/SB/05 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office U S DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box → +

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37C.F.R. §1.53(b))

Attorney Docket No. PC10803A

First Named Inventor or Application Identifier Anabella Villalobos

Title Combination Use of Acetylcholinesterase Inhibitors and GABA Inverse Agonists for the Treatment of Cognitive Disorders

Express Mail Label No. EL162031181US

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APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 32]		7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
		a. <input type="checkbox"/> Computer Readable Copy
		b. <input type="checkbox"/> Paper Copy (identical to computer copy)
		c. <input type="checkbox"/> Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS		
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 11.3)[Total sheets 1]		8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. <input type="checkbox"/> Oath or Declaration [Total pages]		9. <input type="checkbox"/> 37 C.F.R. §3 73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
		10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		12. <input type="checkbox"/> Preliminary Amendment
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
		14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12)
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
		16. <input checked="" type="checkbox"/> Other: Priority Claim to U.S. provisional application Serial No. 60/241,145, filed October 17, 2000

*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

 Continuation Divisional Continuation-in-part (CIP) of prior application No: /

Prior application information: Examiner _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<i>(Insert Customer Number or bar code label here)</i>		<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below
Name			
Address	23913		
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/type)	Alan L. Koller	Registration No. (Attorney/Agent)	37,371
Signature	<i>Alan L. Koller</i>	Date	October 12, 2001

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U.S.
PTO**FEE TRANSMITTAL**

Patent fees are subject to annual revision on October 1
These are the fees effective October 1, 2001

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment (\$860.00)

Complete if Known	
Application Number	To be assigned
Filing Date	Concurrently Herewith
First Named Inventor	Anabella Villalobos
Examiner Name	To be assigned
Group/Art Unit	To be assigned
Attorney Docket No.	PC10803A

METHOD OF PAYMENT (check one)

1. The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-1445

Deposit Account Name Pfizer Inc

- Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. Payment Enclosed:

- Check Money Order Other

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description				Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)			
105	130	205	65	Surcharge – late fee or oath		
127	50	227	25	Surcharge–late provisional filing fee or cover sheet		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	400	216	200	Extension for reply within second month		
117	920	217	460	Extension for reply within third month		
118	1,440	218	720	Extension for reply within fourth month		
128	1,960	228	980	Extension for reply within fifth month		
119	320	219	160	Notice of Appeal		
120	320	220	160	Filing a brief in support of an appeal		
121	280	221	140	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive - unavoidable		
141	1,280	241	640	Petition to revive - unintentional		
142	1,280	242	640	Utility issue fee (or reissue)		
143	460	243	230	Design issue fee		
144	620	244	310	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Petitions related to provisional applications		
126	180	126	180	Submission of Information Disclosure Statement		
581	40	581	40	Recording each patent assignment per property (times number of properties)		
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))		
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))		
Other Fee (specify)						
Other Fee (specify)						

SUBTOTAL (1) (\$)

740

2. EXTRA CLAIM FEES

Extra Claims Fee from below Fee Paid

Total Claims 22 -20**= 2 X 18 = 36

Independent Claims 4 - 3**= 1 X 84 = 84

Multiple Dependent _____ = _____

** or number previously paid, if greater, For Reissues, see below

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

120

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if Applicable)

Type or Printed Name	Alan L. Koller	Reg. Number	37,371
Signature	<i>Alan L. Koller</i>	Date	October 12, 2001